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|--|----|------------------------|-----------------------|
| <h1 style="text-align: center;">TRANSMITTAL<br/>FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p> |    | Application Number     | 10/565,347            |
|  |    | Filing Date            | July 23, 2004 (Int'l) |
|  |    | First Named Inventor   | James SOOTHILL        |
|  |    | Art Unit               | 1645                  |
|  |    | Examiner Name          | L. J. Tongue          |
| Total Number of Pages in This Submission   | 30 | Attorney Docket Number | 255352001900          |

**ENCLOSURES (Check all that apply)**

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply (13 pgs)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request (1 pg)<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):<br>Deposit Receipt (3 pgs)<br>Marza Reference (3 pgs)<br>Wright Reference (9 pgs) |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">Remarks</div><br>Customer No. 25225  |  |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                             |          |        |
|--------------|-----------------------------|----------|--------|
| Firm Name    | MORRISON & FOERSTER LLP     |          |        |
| Signature    | /James J. Mullen, III/      |          |        |
| Printed name | James J. Mullen, III, Ph.D. |          |        |
| Date         | September 15, 2009          | Reg. No. | 44,957 |